

Substitute for Form PTO-875

Application of Doctor Number: **107589722**

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

SMALL ENTITY	
RATE (\$)	FEE (\$)
X	
X	
TOTAL	

TOTAL	150
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(Column 1)	(Column 2)	(Column 3)
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OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
X □	
X □	
TOTAL ADD'L FEE	0

	RATE (\$)	ADDITIONAL FEE (\$)
OR	X □	
OR	X □	
OR		
OR	TOTAL ADD'L FEE	0

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.